



Company Asset Accountability Form

In accepting the assets assigned to me, I hereby agree to the following conditions:

- I understand that I am solely responsible for the company assets while in my possession.
- I shall only use the company assets for iPloy's operational related purposes.
- I shall keep the company assets in good working order and will notify the IT Team and/or Team Leader of any defect or malfunction during my use.
- I shall not install and/or download any unauthorized software and/or applications.
- I shall not allow the company assets to be used by an unauthorized person. I assume the responsibility for the actions of others while using the computer.
- If the company asset/s is/are lost, stolen or damaged, the incident must be reported to the IT Team and/or Team Leader within 24 hours.
- I agree to pay all the costs or their respective costs associated with the damage, negligence or misuse, loss of, or theft of the company asset/s.
- I understand that a violation of this agreement may result in further discipline up to and including termination of employment and/or legal action.

Assigned Assets (Based on Assettigger):

| | | | | | | | | | | | | | | | |
|--|------------------------------|----------|-------------------|--------------|------|------|----------|-----------------|--|-------|--------------|-------|------------------------------|------------|--------------------------|
| <p>Report Check-Out by Persons iPloy, OPC</p> | | | | | | | | | | | | | | | |
| <p>Person: Karen Lubyay</p> | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>Employee ID</td> <td>448</td> </tr> <tr> <td>Name</td> <td>Karen Lubyay</td> </tr> <tr> <td>Site</td> <td>ACCT</td> </tr> <tr> <td>Location</td> <td>107 Workstation</td> </tr> </table> | Employee ID | 448 | Name | Karen Lubyay | Site | ACCT | Location | 107 Workstation | <table border="1"> <tr> <td>Alias</td> <td>Karen Lubyay</td> </tr> <tr> <td>Email</td> <td>Karen.Lubyay@adapthealth.com</td> </tr> <tr> <td>Department</td> <td>Documentation Specialist</td> </tr> </table> | Alias | Karen Lubyay | Email | Karen.Lubyay@adapthealth.com | Department | Documentation Specialist |
| Employee ID | 448 | | | | | | | | | | | | | | |
| Name | Karen Lubyay | | | | | | | | | | | | | | |
| Site | ACCT | | | | | | | | | | | | | | |
| Location | 107 Workstation | | | | | | | | | | | | | | |
| Alias | Karen Lubyay | | | | | | | | | | | | | | |
| Email | Karen.Lubyay@adapthealth.com | | | | | | | | | | | | | | |
| Department | Documentation Specialist | | | | | | | | | | | | | | |
| Asset Tag ID | Description | Brand | Model | | | | | | | | | | | | |
| IPLOYH957 | USB Headset | Logitech | H570E | | | | | | | | | | | | |
| IPLOYAVR409 | Generic AVR | | | | | | | | | | | | | | |
| IPLOYCAM423 | SD Webcam | A4tech | PK-635G | | | | | | | | | | | | |
| ISSDLLMT173 | Dell Monitor | Dell | E2216H | | | | | | | | | | | | |
| ISSDLLMT174 | Dell Monitor | Dell | E2216H | | | | | | | | | | | | |
| ISSDLLPC112 | Dell SFF i3 | Dell | Optiplex 3050 SFF | | | | | | | | | | | | |
| 6 assets | | | | | | | | | | | | | | | |

Employee's Printed Name and Signature

Karen Marie C. Urena

Date

05-11-2013

By signing this Company Asset Accountability Form, I hereby acknowledge that I have completely read and fully understand all the provisions of this form and should not hold the company liable for any loss or damages of my assets and accountabilities while the items are in my possession.

Note: Depreciation is subject for top management's approval.

| Company Asset | Total Cost | Payable per Pay | Pay Period |
|---------------|---------------|-----------------|---------------------------|
| System Unit | Php 45,000.00 | Php 3,000.00 | Payable for 15 pay period |
| Monitor | Php 10,000.00 | Php 2,000.00 | Payable for 5 pay period |
| Headset | Php 2,500.00 | Php 850.00 | Payable for 3 pay period |
| Keyboard | Php 500.00 | Php 500.00 | Payable for 1 pay period |
| Mouse | Php 500.00 | Php 500.00 | Payable for 1 pay period |
| Webcam | Php 1,500.00 | Php 750.00 | Payable for 2 pay period |
| AVR | Php 500.00 | Php 500.00 | Payable for 1 pay period |

Company Asset Cost:

| Purpose/Note | Existing assign assets - for Company Assets Accountability Form | Total assets assigned: 8 |
|--------------|---|--------------------------|
| | | |

Additional Assigned Assets:

| Asset Tag ID | Description | Brand | Model |
|--------------|--------------|-------|-------|
| Dell | USB Keyboard | Dell | None |
| IPLYMS688 | USB Mouse | Atech | None |
| | | | None |
| | | | None |
| | | | None |
| | | | None |

| | |
|--------------------------|--|
| Admin Use Only | |
| Check Out Date: 05/05/23 | IT Personnel Signature: Jonathan Gabriel |
| Check In Date: | IT Personnel Signature: |

| |
|---|
| Remarks Upon Return (Admin Use Only) |
| Are the components working? YES / NO |
| If NO, please describe the damage: |

| |
|--------------------------------------|
| Remarks Upon Releasing |
| Are the components working? YES / NO |
| If NO, please describe the damage: |